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A Relapsing Folie à Trois

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Summary: A case of folie à trois affecting a mother and her children is described. The subjects fully recovered with treatment, but all relapsed two months later, when the primary subject discontinued medication.

The phenomenon of Folie à deux was defined by Granlick (1942) as a "physical entity characterised by the transference of delusional ideas and/or abnormal behaviour from one person to one or more others who have been in close association with the primarily affected patient." Though the fundamental psychopathology is a sharing of delusions, several variants have been described. These are (a) Folie imposse, where delusions are transferred to a healthy (non-psychiatrically ill) person (ii) Folie Simultanée, where the delusions occur almost simultaneously in two morbidity predisposed persons (iii) Folie communiqué, where the second person resists accepting the delusions for a while, but succumbs to it later and (d) Folie induité, where new delusions are acquired by an already deluded patient. Sims *et al* (1977) have described a case where all these phenomena are well illustrated. For the diagnosis of Folie à deux, the following three conditions are essential (Dewhurst & Todd, 1956):– (i) positive evidence that the partners are intimately associated (ii) similarity of the contents of the shared delusions (iii) evidence that the subjects accept, share, and support each others' delusions.

Though several instances of Folie à deux have been reported, we could find only one case report (Granlick, 1942) of what appears to be a relapsing Folie à deux. This described a 50 year-old woman, who presented with a two-year history of well-systematised delusions; she thought that gas was being pumped into her room, and that she was being spied on wherever she went, and developed auditory hallucinations of a threatening character. Her 28 year-old daughter also believed that they were being gassed and persecuted; both were hospitalised simultaneously. The mother was diagnosed as suffering from 'Dementia preacox, paranoid' and treated with metrazol injections; she recovered after four months, and was discharged home. The daughter was treated with insulin shock therapy, and was discharged following recovery. However, both had to be re-admitted one year later; the mother was found to be "arrogant, aloof, unco-operative and deluded" and though the daughter was again admitted together with her mother, details of her symptoms and mental state are not described.

Case History

We report here a case of Folie à trois, involving a mother and two children, where the symptoms were relieved with treatment, but were seen to relapse in all subjects two months later.

Mrs. J.W. is a 40 year-old Caucasian woman, living in an urban council house with her 45 year-old unemployed, West Indian husband and two children, aged 16 and ten years. She first became psychiatrically ill at the age of 28, when she was found to be agitated, showed disturbed behaviour, and had to be admitted compulsorily to hospital. On admission, she said that for about a week previously, she had begun to think she was being hypnotised, and that her parents were in some way connected with this. She also said that her mother and stepfather were tampering with electricity, which affected her in some way, and that cars kept on flashing lights to hypnotise her. She denied auditory or visual hallucinations, abnormal mood, disturbances of appetite or sleep, and abuse of drugs. Prior to admission, there was no previous history or family history of mental illness. A diagnosis of schizophrenic psychosis was made, although the possibility of a drug-induced psychosis was also considered, due to the acute onset of illness. She was treated with three ECTs and chlorpromazine, and the psychotic features completely remitted within four weeks. Following discharge, she attended the out-patient clinic periodically, but discontinued doing so later, as she felt well. For 12 years, as far as is known, she remained free of psychotic symptomatology, coped well with her children, and led an active social life.

J.W. had a relapse of her illness in November, 1982. She was convinced that the neighbours were operating a tape recorder to monitor her conversations and plotting to harm her through the CB radio, that she was influenced by black magic, and that when she left home, she was always followed by a man in a white car. She also felt the neighbours were directing rays at her and reading her thoughts. The symptoms had started insidiously, over a period of about three weeks. It is significant that she did not experience hallucinations at any stage of her illness, and she denied any disturbance of mood, appetite, libido or sleep and may drug abuse. She was admitted to hospital, and as the children were also disturbed, they

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were referred to the Child and Adolescent Psychiatric Unit, where they were interviewed together with the parents. Both children had been previously well, and were described by the parents as being obedient, mixing well with friends, and excellent in their studies. During the previous three weeks, they had become anxious and frightened, being convinced that the neighbours were operating a tape recorder to monitor their conversations and plotting to harm them through the CB radio, and that they were being followed by a man driving a white car. They were convinced their mother was not emotionally ill or imagining her complaints. In contrast, the father denied any strange happenings and said it was his wife's imagination, but was surprised that the children identified with their mother. At interview, Mrs. J.W. was neat, tidy, and well dressed. She was friendly and co-operative, and good rapport was established, but she was extremely anxious. There was pressure of speech, with thought disorder, but she described how the neighbours were plotting against her and reading her thoughts. There was no evidence of auditory or visual hallucinations. The cognitive capacity was intact, but she lacked insight.

Both the children looked anxious, and wept several times during the interview. They spoke freely and there was no abnormality of flow; however, both were deluded and described how the neighbours' were plotting, and trying to evict them from the house, and stating that their conversations were recorded throughout the day. There was no evidence of auditory or visual hallucinations, their cognitive functions were intact, but both lacked insight. A diagnosis was made of Folie à trois, with the principal subject Mrs. J.W. suffering from a relapse of a schizophrenic psychosis. The differential diagnosis included a paranoid psychosis, an affective disorder of mixed type, or an atypical manic illness. However, an affective illness seemed unlikely in the absence of a depressed/elated mood and of alterations in energy, libido, concentration, appetite, and sleep.

Mrs. J.W. made a full recovery following neuroleptic medication and was discharged home after a month; during her stay in hospital, the children went to live with their grandmother. When the family were seen a week later at the Child Psychiatric Unit, Mrs. J.W. and both children had gathered insight and were free of any psychopathology. Though she remained quite well for two months, she relapsed three months later, when she stopped taking medication. She was again convinced that the neighbours were persecuting her by reading her thoughts and recording conversations. On examination, she was extremely anxious, with pressure of speech, and was deluded and lacked insight. The cognitive functions were intact, and there was no evidence of auditory or visual hallucinations. On this occasion also, the children strongly agreed with their mother, and gave a vivid description of the neighbours' activities—how they were recording their conversations and plotting to evict them from home. On examination, the children looked frightened, and were weeping while describing the interference by the neighbours; both were deluded and lacked insight. The cognitive functions were intact and there was no evidence of auditory or visual hallucinations. All were reassured; Mrs. J.W. was asked to take medication and within three weeks, her symptoms were brought under control. Though the children were not separated from her, they too recovered when the mother's symptoms were relieved.

Discussion

The case described here outlines some of the salient features of Folie à deux. The principal subject was a female schizophrenic, whose delusions were transmitted to her children; the other subjects were intimately associated with her. The contents of the delusions were similar and the subjects shared, accepted, and supported each others delusions. There was a relapse of the Folie à trois when the principal subject refused medication. In the event of the primary subject either failing to comply with or respond to medication, further measures would become necessary to weaken the delusional system, such as the use of temporary foster care for the children or admission to hospital of the primary subject.

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